## **Wyoming Secretary of State**

State Capitol Building, Compliance Division 200 West 24<sup>th</sup> Street Cheyenne, WY 82002-0020 Ph. 307.777.7370 Fax 307.777.7640

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For Office Use Only

## **SECURITIES COMPLAINT FORM**

Please complete and mail or email this form to the Wyoming Compliance Division with any relevant information attached. All information provided is confidential.

SECTION 1: Personal Information						
	Name:			Date of Birth:		
	Address:					
	Email Address	::	Phone #:			
	Investment Ex	perience:				
SECTION 2: Investment Information						
	Name of Sales Person/Agent:					
	Firm/Company:					
	Firm/Company Address:					
	Type of Investment:					
	Date of Investment:					
	Total Amount of Money Invested: \$		Cash/Check/Money C	Order		
	\$	(Other)				

How did you learn about the investment: (personal visit, phone solicitation, mailing, etc...?)

Section	3:	Complaint Details			
	Summarize your complaint details:				
Name			Date		
Name			Date		